

## **PATENT APPLICATION**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	
HIROKI MIYATA	: Examiner: G. Sain
Application No.: 09/493,110	: Group Art Unit: 2176
Filed: January 28, 2000	RECEIVED
For: OBJECT EDITING APPARATUS AND METHOD, AND RECORDING MEDIUM STORING COMPUTER-READABLE PROGRAM	MAY 1 7 2004 Technology Center 2100 May 11, 2004

## **Mail Stop Amendment**

The Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

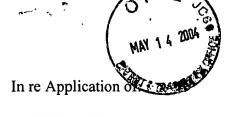
## **AMENDMENT**

Sir:

In response to the Office Action dated February 11, 2004, please amend the above-referenced application as follows. The claims changes are reflected in the listing beginning at page 2. The Remarks begin at page 12.

I hereby certify that this correspondence is	
States Postal Service as first-class mail Commissioner for Patents, P.O. Box 1450	
May 11, 2004	
(Date of Depos	sit)
LEONARD P. DIANA (R	Reg. No. 29,296)
(Name of Attorney fo	r Applicant)
LIP. Jam	May 11, 2004
Signature	Date of Signature

2176



Docket No. 00862.021810.

Examiner: G. Sain

Group Art Unit: 2176

Date: May 11, 2004

HIROKI MIYATA

Application No.: 09/493,110

Filed: January 28, 2000

For: OBJECT EDITING APPARATUS AND METHOD, AND RECORDING MEDIUM

STORING COMPUTER-READABLE PROGRAM

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MAY 1 7 2004

Technology Center 2100

Mail Stop Amendment

THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

		C	LAIMS AS AMEN	IDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 25	MINUS	** 25	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 3	MINUS	***	= 0	x \$43 \$86	\$0.
Fee for Multiple Dependent claims \$145°/\$290			\$0			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$0			

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant

Registration No. 28 186

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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